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Approved for use through 7/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

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Total Number of Pages in This Submission 2

Application Number	10/024,534
Filing Date	12/21/2001
First Named Inventor	Michael Dobbs
Art Unit	2877
Examiner Name	P. Connolly
Attorney Docket No.	ITDE-PACD107US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Robert P. Seitter	Registration No. (Attorney/Agent)	24,856
Signature			
Date	3/19/2004		

CERTIFICATE OF TRANSMISSION / MAILING

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PTO/SB/82 (09-03) (AW 12/2003)

Approved for use through 11/30/2005. OMB 0651-0035
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**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/024,554
Filing Date	12/21/2001
First Named Inventor	Michael Dobbs
Art Unit	2877
Examiner Name	P. Connolly
Attorney Docket Number	ITDE-PACD107US

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Thomas M. Blasey
------	------------------

Signature

Date

3/18/04

Telephone

703-790-6314

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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